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APPLICANTS
 Sidney Braginsky, Dix Hills, NY;
 Russell A. Houser, Livermore, CA;

** CONTINUING DATA ***** *None* *1/3*

** FOREIGN APPLICATIONS ***** *None* *1/3*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/14/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 2
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *[Initials]*

ADDRESS
 Cohen and Grigsby P C
 11 Stanwix Street 15th Floor
 Pittsburgh, PA
 15222

TITLE
 Exterior stent and its use

FILING FEE RECEIVED 923	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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